

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Achilles D. Corelleone</u>		COURT CASE NUMBER <u>07CV2094 (NLS)</u>	
DEFENDANT <u>State of California, City of San Diego, County of San Diego</u>		TYPE OF PROCESS <u>2008 JAN 25 AM 10:39</u>	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>County of San Diego</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>110 West A St, Suite 1100, San Diego, CA 92186-5266</u>		
AT	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Attorney generals office</u> <u>110 west A St, Suite 1100</u> <u>San Diego, CA 92186-5266</u>		
		Number of process to be served with this Form - 285	<u>1</u>
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Phone Number;
619-645-2001U.S. MARSHAL
SOUTHERN DISTRICT
CALIFORNIA

2008 JAN 22 A

RECEIVED

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Achilles D. Corelleone☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

760-696-0172

DATE

01-22-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin <u>98</u> No. <u>98</u>	District to Serve <u>98</u> No. <u>98</u>	Signature of Authorized USMS Deputy or Clerk <u>A Scott</u>	Date <u>1/22/08</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Rosahlee Gestani / Receptionist

Address (complete only if different than shown above)

Same☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
1-24-08
Time
11:46 am

Signature of U.S. Marshal or Deputy

M. J. B.

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: